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ABSTRACT

Objectives of a study of the role of the school nurse were (1) to clarify the role of the school nurse within a particular setting, (2) to identify perceptions of key school personnel concerning the nurse's role, and (3) to identify and compare areas of perceptual congruity-incongruity between school personnel and school nurses. The instrument utilized included fifty Likert-type scaled statements related to the school nurse's role. Of these, thirty-two had previously been judged appropriate to the school nurse role. A composite mean score on the fifty items was computed for each of the four professional groups. Results of statistical analyses indicated a significantly lower mean score for teachers than the other groups and a significantly higher mean for nurses. Principals and counselors were significantly different from school nurses but not from each other. Within the position categories there was agreement on the majority of the role perception items. Greatest amount of perceptual disagreement existed between teachers and nurses. It was concluded that (1) strong support for a school nursing program was evident from educators in this setting, (2) principals, teachers, and counselors did perceive the school nurse functioning in the newer areas of health education and counseling with some limitations, and (3) educators generally perceived the nurse as needing to perform the more traditional nursing functions such as care of the sick and injured. It is recommended that opportunities be created for more communication between school personnel and the school nurse. (JT)

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EDUCATORS' PERCEPTIONS OF THE SCHOOL NURSE'S ROLE

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This study, "Educators' Perceptions of the School Nurse's Role, had as its purposes (1) to clarify the role of the School nurse within a particular setting, (2) to identify perceptions of key school personnel concerning the nurse's role, and (3) to identify and compare areas of perceptual congruity-incongruity between school personnel and school nurses. Three major questions were examined: What were the perceptions of principals, counselors, and teachers regarding the role of the school nurse in public junior and senior high schools? How did these perceptions compare with those of the school nurse herself? Were the perceptions of key school personnel related to their own training, experience, and amount of contact they had had with school nurses?

Role of the School Nurse

The early role of the school nurse involved direct care including such areas as case finding, care of illness, first aid, and follow-up of health problems. These areas were easily identified by most school personnel as responsibilities of the nurse. As the role expanded, emphasizing more the areas of health education and counseling, confusion has resulted. Health education and counseling are responsibilities that overlap with those of teachers and counselors and may not always be identified as part of the school nurse's role. In her study, Oda[1] has noted the problem that school nurses with their own role expectations work in schools where educators have diverse nurse role expectations. This lack of role congruence between key school personnel and the school

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nurse can lead to poor utilization of nursing services. Only a few studies (Eidens[2], Forbes[3], Fricke[4],) have attempted to examine in some manner the perceptions of school personnel about the school nurse's role. All indicated a lack of understanding of this role, particularly in the areas of health education and counseling.

Setting

The school nursing program in the Memphis and Shelby County school systems was chosen for this study. This system had progressed from a fragmented part-time service provided by district public nurses to a specialized program of school nurses in 1974. At that time a total of 25 nurses were employed to serve some 40 public junior and senior high schools. Elementary schools continued to be served by the public health nurses and a team of technicians for screening tests. School nurses were employed jointly by the health department and the school board to serve primary as resource to teachers and counselors in health education and to provide health counseling.

Methodology

Participants in the study were principals, counselors, school nurses, and a 10% sample of teachers in 52 public junior and senior high schools in the Memphis and Shelby County school systems in Tennessee. All data were collected in the Spring of 1976. A total of 287 educators and 22 school nurses participated.

The instrument utilized was a two-part questionnaire. Part One elicited descriptive information from the participants including current position, the number of years in the current job classification, and an estimated number of contacts and hours of contact with school nurse. Part Two consisted of 50 Likert-type scaled items. The 50 items were statements related to the school nurse's role that had previously been

judged positive or negative by a group of school nurse experts. Items were based on guidelines established by the American School Health Association[5] and the local job description. No attempt was made to include all aspects of the nurse's role in the statements. According to the judgments made by the nursing experts there were 32 items considered appropriate to the school nurse's role and 18 items that were not. Each of the respondents rated the 50 items on a five point scale of strongly agree to strongly disagree.

Questionnaires were personally delivered to principals who in turn distributed them to the counselors and the identified random sample of teachers. All were returned by mail. Of those requested to participate 78% responded.

Findings

To determine if there were significant differences in perceptions of the school nurse's role among the educators and nurses, a composite mean score on the total 50 items was computed for each of the four professional groups. Comparisons among the groups were made using a one-way analysis of variance (ANOVA). Since the ANOVA yielded significant group differences $F(3,305)=10.99$, $p < .001$, the Newman Keuls post hoc analysis was computed to determine which means contributed to this finding. The results indicated that teachers obtained a significantly lower mean score than the other groups whereas, school nurses obtained a significantly higher mean score than all other groups. Principals and counselors were significantly different from school nurses, but not from each other.

In addition to the ANOVA, a chi square analysis was performed on the frequences of scale values to determine if their distribution, by item, were the same for all job (position) categories. There were no significant

differences for 31 items, indicating that there was agreement on the majority or 62 % of the role perception items (Table 1). There was concensus regarding role on eight items related to health education and five related to counseling.

Post hoc chi square analyses were performed on the significant items between principals and nurses, counselors and nurses, and teachers and nurses. There were 15 items with statistically significant chi square values on the post hoc analyses (Table 2). On these analyses there were four items where the values were all significant when the nurses were compared to each of the educator groups. The perceptions of the school nurses did not agree with those of the educators in the statements related to making home visits in selected situations to obtain health information. By inspection it appeared nurses were divided on this statement, while 84% of the educators thought they should make home visits. The nurses were again divided on whether they should conduct annual hearing and visual screening exams. Eighty percent of the educators thought these examinations should be done annually by the nurse. Nurses disagreed with the statement regarding transporting sick and injured students home or to a health facility, but these perceptions were not shared by the educators. In response to the item on administering routine first aid when present in school, only 50% of the nurses agreed with the statement while 91% of the educators perceived this should be a part of the school nurses's role.

In examining the individual items it appears the greatest amount of perceptual disagreement occured between teachers and nurses with a total of 13 significant chi square values. Incongruity existed between principals and nurses on nine items and between counselors and nurses on seven items.

The relationships between professional preparation, experience, and

the amount of direct contact with the school nurse and the total mean perception score on the 50 items were tested by the appropriate correlation coefficients. None of these were found to be significant at the .05 level.

Conclusion

Several conclusions may be drawn from this study in regard to the school nurse's role within public junior and senior high schools. Strong support for a school nursing program was evident from educators in this setting as expressed through verbal comments by principals, total absence of negative comments written on questionnaires, and by the large return. None of the educators appeared to question the use of the nurse as a team member within the school setting.

Principals, teachers, and counselors did perceive the school nurse functioning in the newer areas of health education and health counseling with some limitations. Educators, however, generally perceived the nurse as needing to perform the more traditional nursing functions such as care of the sick and injured. Teachers had the most divergent perceptions of the school nurses's role as compared to the school nurses. Although there was no relationship statistically between the amount of contact with the school nurse and the educator's perception of her role, teachers reported the lowest mean number of contacts. A large number of teachers reported no contact with the nurse. Even though the school nursing program in this large system operated under a job description developed jointly by the nurses and educators, it appeared this had not been communicated adequately to the principals, classroom teachers, and counselors who are expected to work directly with the school nurse.

Further research within a system with a larger number of school nurses obviously is needed. It is apparent from this study that much effort should be made to promote opportunities for communication between

Table 1

SCHOOL NURSE ROLE PERCEPTION ITEMS FOR WHICH THERE WAS AGREEMENT AMONG PRINCIPALS, TEACHERS, COUNSELORS, AND NURSES

Assist the principal in planning policies and procedures for excluding and readmitting students and staff with health problems.
Observe the school environment for safety hazards and sanitary conditions and report to responsible persons.
Teach students and school staff how to recongnize and report health deviations.
Organize and conduct group counseling activities such as weight control groups for interested students.
Provide direct classroom instruction on health topics on request of the teacher.
Maintain a health education resource file for teachers and counselors.
Plan and conduct mini courses on health topics.
Suggest health educational materials for classroom use on request of the teacher or counselor.
Assist in instruction of school staff to give emergency care.
Determine the reasons for all school absences and follow-up on identified illnesses.
Recommend to the principal facilities, equipment, and supplies needed to carry out the school health program.
Counsel with parents, students, and school staff regarding health aspects of absence problems.
Collaborate with teachers and counselors in providing educational activities on current concerns such as drug use, venereal diseases, suicide, and contraceptives.
Not expect teachers and counselors to assist in any manner with vision or other type health screening of students.
Initiate and conduct conferences with students who have difficulty adjusting to limitations caused by such conditions as convulsions, diabetes, and sickle cell anemia.
Meet state certification requirements specifying minimum educational standards.

Table 1 (continued)

Establish channels of communication with resources for referral and follow-through of physical, emotional, and social disabilities.
Serve as a resourse person for students interested in health career opportunities.
Be utilized as a substitute teacher or study hall supervisor in emergency situations.
Review and interpret to parents and school staff those medical recommendations for specific students requiring adjustment in academic programs or care at school.
Exclude from school those students with communicable diseases.
Plan and teach the health courses in the school curriculum.
Have equivalent salary and benefits to those of teachers with comparable experience.
Serve as an integral part of the school guidance program.
Serve as advisor for health career clubs.
Plan with the principal policies and procedures for the care of students and staff who become ill or injured at school.
Develop a system of referring and scheduling health services for individual students.
Participate in identifying children with special handicaps and assist in planning for their special educational services.
Orient all school personnel to health policies and procedures.
Encourage and assist students in utilizing appropriate private and community resources for professional care.
Serve as a health consultant to all school personnel, students, and parents.

x^2 (12 df), $p > .05$.

Table 2

SCHOOL NURSE ROLE PERCEPTION ITEMS
FOR WHICH THERE WAS SIGNIFICANT
DISAGREEMENT AMONG PRINCIPALS, TEACHERS,
COUNSELORS AND NURSES

Item	Principals vs Nurses	Teachers vs Nurses	Counselors vs Nurses
Not be allowed to provide direct classroom instruction	S	S	ns
Have equal input with the classroom teacher in general curriculum matters.	S	ns	ns
Have total responsibility for maintaining the cummulative health record on each student.	ns	S	ns
Make home visits in selected situations to obtain health information.	S	S	S
Remain in the school sick room with students who are ill.	ns	S	S
Administer immunizations needed by students within the school setting.	ns	S	ns
Conduct annual hearing and visual screening examinations for all students.	S	S	S
Transport sick and injured students to home or a health facility.	S	S	S
Serve as a member of a pupil personnel services team of psychologist, social worker, and counselor to evaluate students with special problems.	S	S	ns
Confer with teachers and counselors concerning health needs and problem of specific students.	S	S	ns

Table 2 (continued)

	Principals vs Nurses	Teachers vs Nurses	Counselors vs Nurses
Counsel individual students only on referral from the counselor.	S	S	ns
Provide all emergency care in the school.	ns	S	S
Assume total responsibility for planning health related educational programs conducted by the school.	ns	S	ns
Counsel students with emotional health problems.	ns	ns	S
Administer routine first aid when present in school.	S	S	S

NOTE: S = significant difference; ns = no significant difference

X^2 (df variable), $p < .05$.

school personnel and the school nurse. The school nurse, as reccomended in most guidelines, should be an active participant in faculty meetings, health curriculum committees, and other meetings where there would be an interchange of ideas. They should also be a part of school in-service education programs and pre-school planning sessions. School personnel cannot be expected to fully appreciate the nurse's contribution in non-traditional areas without opportunities to see her function in other than the traditional role.

REFERENCES

1. Oda DS: Increasing role effectiveness of school nurses. Amer J Public Health 64: 591-595, 1974.

2. Eidens CO: The Work of the School Nurse-Teacher as Perceived by Selected Public School Staff Personnel, dissertation. Teacher's College, Columbia University, New York, 1963.

3. Forbes O: The role and functions of the school nurse as perceived by 115 public school teachers for three selected counties. J Sch Health 37: 101-106, 1967.

4. Fricke I: The Illinois study of school nurse practice. J Sch Health 37. 24-28, 1967.

5. ASHA: Guidelines for the School nurse in the School Health Program. Kent, Ohio, Author, 1974.

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